New Mexico Taxation & Revenue Department Film Production Tax Credit Pre-Submission Worksheet and Tax Information Authorizations for Production Company For Certified Public Accountant (CPA) Audit

The purpose of this worksheet is to be used for pre-submission for a CPA audit.

| Name of eligible film production company: | Taxpayer identification | number (SSN or FEIN): | |
|--|---------------------------|-----------------------|--|
| Mailing address: | City, state and zip code: | | |
| Name of contact person: | Telephone number: | Email address: | |
| Enter the title of the eligible project as indicate on the NMFO Registration Form. | | | |
| CPA Firm licensed to practice in NM contracted: | | | |

Please indicate on Tax Authorizations if you would like to be copied on all communication with CPA

Eligibility

The production company shall provide the CPA with a **complete** final application and workbooks.

FOR FINIAL SUBMISSION BY CPA, PLEASE REFER TO:

- > NEW MEXICO REFUNDABLE FILM PRODUCTION TAX CREDIT SUBMISSION OF BIBLES (LEDGERS)
- > CPA AUDIT AGREED UPON PROCEDURE

TRD employee (auditor) with the Film Tax Credit Unit will send Production Company a secure link to **upload Bibles (ledgers) to be sampled**.

The auditor will run a sample utilizing the 2011 version of the Multi-State Tax Commission (MTC) sampling software to randomly select three stratas of a minimum of 75 items of interest per strata from the data provided for the qualifying period. Please refer to documents above for additional details.

Production Company submits this worksheet for CPA Audit with Tax Authorizations to New Mexico Film Office for confirmation of project eligibility, Attn: Program Administrator, Sherry England: Sherry@nmfilm.com and phone number (505) 476-5600.

"... the application shall be submitted within one year of the date of the last direct production expenditure in New Mexico or the last postproduction expenditure in New Mexico...."

State of New Mexico – Taxation and Revenue Department TAX INFORMATION AUTHORIZATION

| Business Name | New Mexico ID Number | | |
|--|---|--|--|
| Name | Social Security Number | | |
| Address | Telephone Number | | |
| Hereby authorizes | | | |
| ddress: Telephone Number | | | |
| | | | |
| | | | |
| to represent me and/or my business pertaining to taxes administered by the New Mexico Taxation and Revenue Department.* | | | |
| IF IRS INFORMATION IS INVOLVED, BE SURE TO OBTAIN FORM 2848 OR FORM 8821, AS APPLICABALE | | | |
| CHECK ALL ITEMS THAT APPLY | | | |
| All state taxes | OR any year | | |
| CRS taxes | OR | | |
| Incomes taxes | specify specific year(s) | | |
| Specify other | | | |
| I certify that I have the authority to execute t | his tax information authorization.** | | |
| Signature | Title Date | | |
| Signature | Title Date | | |
| handled by the authorized person. | ation by specifying the particular information or tax types to be If not signed by the taxpayer, signature must be that of a | | |

corporate officer, partner, or fiduciary on behalf of the taxpayer.



Susana Martinez Governor

Demesia Padilla, CPA Cabinet Secretary

or fiduciary on behalf of the taxpayer.

State of New Mexico Taxation & Revenue Department

An Equal Opportunity Employer

AUTHORIZATION TO PROVIDE TAX INFORMATION BY FACSIMILE AND E-MAIL (to be completed by taxpayer)

Divisions

Office of the Secretary
(505) 827-0341
Administrative Services
(505) 827-0369
Audit and Compliance
(505) 827-0900
Motor Vehicle
(505) 827-2296
Property Tax
(505) 827-0870
Revenue Processing
(505) 827-0800
Tax Fraud Investigations
(505) 841-6544

| Business Name | New Mexico ID Number | |
|--|------------------------------------|--|
| Name | Social Security Number | |
| Address | FEIN | |
| City, State, Zip Code | Telephone Number | |
| City, State, 2ip Code | relephone Number | |
| Facsimile Number | Email Address | |
| I authorize the New Mexico Taxation and Revenue Depart | | |
| facsimile or e-mail, or both, to provide confidential informa Revenue Department to the taxpayer or the taxpayer's design | | |
| I certify that I have the authority to execute th | is tax information authorization.* | |
| Signature Title | Date | |
| Signature Title | Date | |

* For joint returns, both taxpayers must sign. If not signed by the taxpayer, signature must be that of a corporate officer, partner,